 Corvallis School District

PARENT PERMISSION FORM

\_ Field Trip to Evergreen Aviation Museum \_ \_\_\_Dan Bregar and Adam Kirsch \_\_

Activity Bldg. Admin. or Designee (Teacher) Signature

\_\_May 20, 2015 \_\_\_\_\_\_\_ \_\_\_8:00 a.m. to 3:05 p.m. \_\_\_\_\_\_\_\_\_\_\_

Day/Date of Activity Time of Activity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) has my permission to participate/attend the above said activity by: X bus **** van **** private car **** foot **** bicycle to various locations for the purpose of participating in the said activity. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction. I, also, hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while participating in or observing at the activity named above. The above listed student has the following conditions/allergies/special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Signature Date Phone Number

**** Yes, I would like to order a sack lunch from the school for my student (COMPLETE THE ADDITIONAL LUNCH ORDER FORM). If my student is on the free or reduced meal program, the lunch will be provided at the free or reduced rate. Otherwise, the cost of the lunch will be the cost of a regular lunch. **(Only available when a lunch is required for the trip).** My child has the following food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Emergency Contact Person Emergency Phone Number

**Instructions for School: Make copies of this form (after signed by parents) for teachers and/or drivers to take on trip.**

# ACTIVITY REMINDER FOR PARENTS/GUARDIANS

\_ Field Trip to Evergreen Aviation Museum \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Student Teacher

\_\_May 20, 2015 \_\_\_\_\_\_\_ \_\_\_8:00 a.m.\_\_\_\_\_\_ \_\_3:05 p.m.\_\_

Day/Date Departure Time Return Time

Travel Arrangements: **X** Bus **** Van **** Private Car **** Foot **** Bicycle

**Additional Activity Information: Please return this permission form with $16 to cover the cost of admission and transportation; $19.00 if a school sack lunch is being ordered and payment for lunch is not being taken from student’s account (the school sack lunch is a free or reduced-price option). Attached is an order form. Deadline to order is Thursday, May 14, 2015.**